

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011185

FILED
Jul 14, 2009
Secretary of State

Entity Name: JAMES AND TARA MCCAILL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

6131 LOUISE COVE DRIVE
WINDERMERE, FL 347868939

New Principal Place of Business:

Current Mailing Address:

6131 LOUISE COVE DRIVE
WINDERMERE, FL 347868939

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCAILL, JAMES J
6131 LOUISE COVE DRIVE
WINDERMERE, FL 347868939 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCAILL, JAMES J
Address: 6131 LOUISE COVE DRIVE
City-St-Zip: WINDERMERE, FL 347868939

Title: D () Delete
Name: MCCAILL, TARA F
Address: 6131 LOUISE COVE DRIVE
City-St-Zip: WINDERMERE, FL 347868939

Title: D () Delete
Name: MCCAILL, ELIZABETH
Address: 425 EAST 79TH STREET,APT. 14A
City-St-Zip: NEW YORK, NY 10075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCCAILL, ELIZABETH
Address: 6131 LOUISE COVE DRIVE
City-St-Zip: WINDERMERE, FL 347868939

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD D. FALZARANO

CFO

07/14/2009

Electronic Signature of Signing Officer or Director

Date